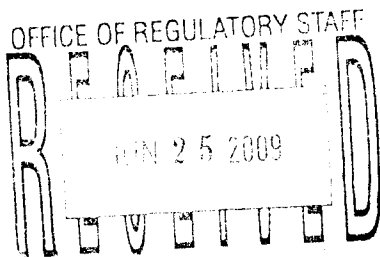


STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo



217587

(FORM 1)

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-274-I

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: HERMINE NELSON  
Address: 240 PRESIDENT STREET  
CHARLESTON SC 29403

Telephone: 843-723-2227  
Fax:  
Other: Cell - 843-343-5832  
Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Application – Class C Taxi  | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application – Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other:  |

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JUL 29 2009

PSC SC  
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

*Ad*

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

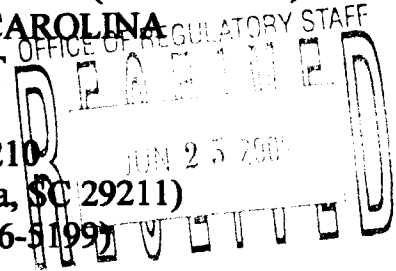
ATTN: DOCKETING DEPARTMENT

101 EXECUTIVE CENTER DRIVE

COLUMBIA, SOUTH CAROLINA 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803) 896-5199



CLASS C - TAXI

DATE 6/17, 2009

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

HERMINE NELSON

2. (a) Street Address of Applicant 240 president street

charleston SC 29403

(b) Mailing address, if different from street address \_\_\_\_\_

(c) Telephone Number 843-723-2227 Fed. ID # \_\_\_\_\_

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.) N/A

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

NONE

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith. yes

6. The proposed list of equipment is as per Exhibit "D" included herewith. yes

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:

Month: June Year: 2009

JUNE 17

<b>Assets:</b>	
Cash	1,000
Receivables	0
Real Estate	200,000
Buildings and Equipment-Net	0
Motor Vehicles-Net	10,000
Garage Equipment-Net	0
Machinery and Tools-Net	0
Supplies on Hand	0
Prepays and Other Assets	0
<b>Total Assets</b>	<b>211,000</b>
<b>Liabilities and Equity:</b>	
Accounts Payable	10,000
Notes Payable	0
Mortgages Payable	70,000
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
<b>Total Liabilities</b>	<b>80,000</b>
Capital Stock	0
Retained Earnings	0
<b>Total Equity</b>	
<b>Total Liabilities and Equity</b>	<b>131,000</b>

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF \_\_\_\_\_

I, Hermine W. Nelson, Driver  
(Name of Applicant's Representative) (Title)

of \_\_\_\_\_, the Applicant for the Certificate of Public (Applicant)  
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At 1643B Savannah Hwy.

This the 17 day of June 2009

[Signature]  
(Notary Public)

Commission Expires: 2/27/2018

Hermine W. Nelson  
(Signature of Applicant's Representative)

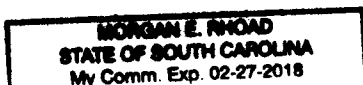


EXHIBIT C

CLASS C

TAXI X

CHARTER \_\_\_\_\_

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

Columbia, South Carolina

Applicant HERMINE V. NELSON

For the transportation of passengers as follows:

Area to be served: Charleston County

Number of passengers: 7

Fares: Varies According to Zones, copy of  
Zone Areas charges included

Date June 17 / 09

Hermine E Nelson

By

DRIVER-TAXI

Title

Rev.10/03

**EXHIBIT D**

# PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Seats if passenger carrier.

Hermine W. Nelson

**(Applicant)**

Date: June 17 / 09

**(Applicant's Representative)**

**(Title)**

Air Force Base	20.00
Airport	11.00
Amtrak Station	12.00
Ashley Acres	22.00
Ashley Phosphate Road	15.00
Attaway	9.00
Ashley Shores	12.00
Ashley Villas	17.00
Aviation Avenue	8.00
Baker Hospital	10.00
Bennett Yard Road	10.00
BiLo-Dorchester	9.00
Bonds Avenue	10.00
Buist Avenue	9.00
Burns Elementary	17.00
Carey Hilliard/Rivers Ave	11.00
Century Oaks	11.00
Charles Town Square	17.00
Covington Hills	11.00
Coliseum	22.00
Cross-County Road	9.00
Cosgrove/Azalea	11.00
Courtyard Marriott	14.00
Dorchester Gardens	9.00
Dorchester/I26	12.00
Dorchester Landing Trnhs	11.00
Dorchester/Montague	9.00
Dorchester/Waylyn	12.00
Evanston Estates	7.00
Echo Avenue	10.00
Food Lion-Dorchester	11.00
Ferndale	9.00
Greyhound Bus Station	15.00
Gumwood Avenue	10.00
JC Calhoun	24.00
K-Mart-Rivers	10.00
Leeds Avenue	11.00
Liberty Holmes	18.00
Midland Park Road	10.00
Naval Base	9.00
Naval Hospital	11.00
North Charleston City Hall	11.00+
North Rhett	22.00
Northwoods Mall	9.00+
O'Hare Avenue	13.00
Ravenwood Apts	11.00
Red Lobster (Montague)	22.00
Regency Square Apts	15.00
Remount Road	9.00
Riverplace	7.00
Rosemount	12.00
Russelldale	11.00
Sheraton-Montague	17.00
Shoney's-Rivers Ave	13.00
St. Angela Dr.	9.00+
St. John's Avenue	10.00
Siesta Motel	6.00
Silver Hill	10.00
South Rhett	15.00
Summer Avenue	12.00
Trail Road	

Westvaco	17.00
Willows	
<b>LOCAL FARES OF CITY LIMITS OF NORTH CHARLESTON- \$5.00</b>	

### James & Johns Islands

Bay Front	9.00
Brownswood Rd	20.00
Bohichet Road	25.00+
Buzzard's Roost Marina	12.00
Brookbank	9.00
Camp Road	10.00
Cross Creek Drive	9.00
Central Park Road	9.00
City Golf Course	10.00
Fleming Road	9.00
Folly Beach	22.00
Folly Island	22.00
Fort Johnson Road	11.00+
Grimball Road	11.00+
Harborview (inside)	9.00+
James Island County Park	10.00
John's Island Airport	22.00
Kiawah Island + Gate entrance	45.00
Main Road & Hwy 17	19.00
Main Road & Maybank	22.00
Riverland Drive	10.00
River Road & Maybank	16.00+
Seabrook Island	45.00+
Successionville Rd	11.00+
Sol Legare Road	16.00+
Wappoo Creek	8.00
Wal-Mart	10.00
Westchester	11.00

### **LOCAL FARES OF CITY LIMITS OF JAMES ISLAND- \$5.00**

#### Rural Areas

Hollywood	30.00
Rantowles	25.00
Ravenel	30.00
Red Top	22.00
Huger, SC	40.00

#### Goose Creek/Hanahan/Ladson/Summerville

Charleston Southern	30.00
Berkeley Hills	20.00
Dominion Hills	20.00
Fairgrounds (Ladson)	30.00
Goose Creek	30.00
Hanahan	18.00
Highland Park	18.00
Ladson	30.00+
Lincolnton	35.00
Moncks Corner	40.00
North Trident Medical	30.00
Summerville	35.00+
Weapon Station	30.00

# Safety Cab Company

1430 Mustang Street  
COLUMBIA, SC 29405

**Phone: 843-722-4066**

All fares are quoted from the peninsular area. Others area fares may be different and can be quoted by the dispatcher. Each additional person (including children) is \$1.00 on all fares.

## West Ashley

Ardmore	8.00
Arlinton Drive	12.00
Ashley Crossing	12.00
Ashley Hall Road	9.00
Ashley Plaza Mall	9.00
Ashleyville	7.00
Bee's Ferry Road (Hwy 61)	17.00
California Dreaming	6.00
Carriage Lane	7.00
Citadel Mall	11.00
Coburg	8.00
Cosco	12.00
Cypress Cove	15.00
Dogwood	15.00
Dupont	10.00
Drayton Hall Elementary	18.00
Drayton Hall Plantation	24.00
Eckerd's (Hwy 61/171)	7.00
Eckerd's (Hwy 61/ Savage)	11.00
Ellis Avenue	12.00
Hampton Inn Riverview	6.00
Hampton Inn (I-526/ Hwy 17)	12.00
Heron Reserve	15.00
Holiday Inn Riverview	6.00
In Town Suites	12.00
Kmart	8.00
Lenevar	9.00
Magnolia Gardens	24.00
Magnolia Road	8.00
Manor Care	10.00
Maryville	7.00
Melrose	12.00
Motel 6	11.00
Orleans Woods	11.00
Orange Grove Road	10.00
Pierpoint	15.00
Piggly Wiggly (Quadrangle)	11.00
Plantation Apt.	7.00
Playground Road	8.00
Ponderosa	17.00
Riverview	6.00
Royal Palms Blvd	10.00
St. Andrew's Center	8.00
St. Andrew's Garden	8.00
St. Francis Hospital	12.00
Savage Road (Hwy 17)	12.00
Savage Road (Hwy 61)	11.00
Shadowmoss	18.00

Walmart	12.00
Wappoo Road	9.00
West Ashley High School	13.00
White Oak	8.00

## **LOCAL FARES OF CITY LIMITS OF WEST ASHLEY - \$ 7.00**

## East Cooper

Boone Hall Plantation	15.00
Charleston Nursing	10.00
Dentyen Shipyard	27.00
Dune West	28.00
East Cooper Hospital	10.00
Franky Holmes	12.00
Hickory Shadows	11.00
H & R Sweet Shop	9.00
Isle of Palms	23.00
Laing Middle School	15.00
Mc Donald's	10.00
Moultrie Middle School	9.00
Remley's Point	3.00
Rifle Range	11.00
Sandpiper Nursing Home	10.00
Shem Creek	9.00
Shoney's	8.00
Snowden	14.00
Sullivan's Island	17.00
Towne Center	15.00
Venning Road	11.00
Wando High School	20.00
Wando Terminal	14.00
Walmart	11.00
Wild Dunes	27.00
Hamilian Beach Dr	17.00
10 Mile Road	20.00
HWY 17N & HWY 41	20.00

## **LOCAL FARES OF CITY LIMITS OF EAST COOPER - \$5.00**

## Others

Peninsular City	5.00
Each Additional Person	1.00 (All Fares)
Grocery Bags- 3 Free, .50 each others	
Other Distances	1.75 Per Mile
Package Delivery	5.00
Wait Time 1 1/2 Minute	.30

INSURANCE QUOTE

The following insurance quote is for:

Ms. Hermine W. Nelson

(Name of Motor Carrier)

240 President st, Charleston, SC 29403

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance

\$2,395.00

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The above quoted premium is for a term of 12 months.

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Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

Southern United Fire Insurance Co.

(Insurance Company Name)

PO Box 190429; One Southern Way; Mobile, AL 36619

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

7-6-09

Date

[Signature]

(Authorized Insurance Company Representative)





207 East Main Street  
Richmond, VA 23219  
Voice – 804-521-2993  
Fax – 804-288-9886  
Toll Free – 866-976-TAXI

facsimile transmittal

To: **Tricia DeSanty**  
From: **Dale Schmincke**  
Re: **Hermine W. Nelson**  
Cc:

Fax: **803-896-5231**  
Date: **7/7/2009**  
Pages: **3**

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☐ Urgent    ☐ For review    ☐ Please comment    ☐ Please reply    ☐ Please recycle

**Notes:**

Ms. Desanty,

Attached is the completed Form that you requested for Hermine W. Nelson.

Let me know if you have any questions or comments.  
Thanks!

Dale Schmincke  
Vice President  
(804) 521-2993 ext:13